

5-2013

Exploring spiritual experiences of Nordoff-Robbins music therapists

Hyun Jin Hong

This research was completed as part of the degree requirements for the [Music Therapy](#) Department at Molloy College.

Follow this and additional works at: <https://digitalcommons.molloy.edu/etd>



Part of the [Music Therapy Commons](#)

[DigitalCommons@Molloy Feedback](#)

Recommended Citation

Hong, Hyun Jin, "Exploring spiritual experiences of Nordoff-Robbins music therapists" (2013). *Theses & Dissertations*. 15.
<https://digitalcommons.molloy.edu/etd/15>

This Thesis is brought to you for free and open access by DigitalCommons@Molloy. It has been accepted for inclusion in Theses & Dissertations by an authorized administrator of DigitalCommons@Molloy. For more information, please contact tochter@molloy.edu, thasin@molloy.edu.

EXPLORING SPIRITUAL EXPERIENCES OF NORDOFF-ROBBINS
MUSIC THERAPISTS

A THESIS

Submitted in partial fulfillment of the requirements
For the degree of Master of Science
In Music Therapy

By

HYUN JIN HONG
Molloy College
Rockville Centre, NY
2013

MOLLOY COLLEGE

Exploring Spiritual Experiences of Nordoff-Robbins Music Therapists

By

Hyun Jin Hong

A Master's Thesis Submitted to the Faculty of
Molloy College

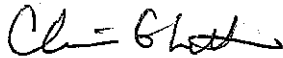
In Partial Fulfillment of the Requirements

For the degree of Master of Science

In Music Therapy

May 2013

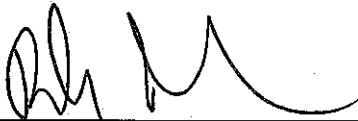
Thesis Committee:



Claire Ghetti
Faculty Advisor

5/9/13

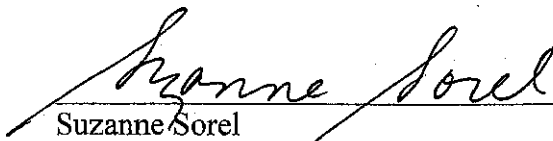
Date



Rick Soshensky
Committee Member

5/9/13

Date



Suzanne Sorel
Director of Graduate Music Therapy

5-9-13

Date

Copyright © 2013 by *Hyun Jin Hong*. All rights reserved.

Abstract

The purpose of this phenomenological inquiry was to explore spiritual dimensions of Creative Music Therapy, also known as Nordoff-Robbins Music Therapy (NRMT). NRMT uses improvisational music therapy with children and adults with mental, emotional, and physical disabilities to encourage deeper and more extensive realization of therapeutic goals. This study examined music therapists' spiritual experiences by illuminating their personal experiences in the NRMT setting. Research questions and sub-questions included: How do NRMTs define spirituality? How do they experience spirituality in music therapy? Why do they regard the experience as spiritual? How are those experiences reflected in music? How do they view the relationship between Nordoff-Robbins music therapy and spirituality? Data was collected through interviews with five Nordoff-Robbins music therapists who live in or around the New York City area and who have greater than five years of experience in Nordoff-Robbins music therapy. The results showed that there are spiritual aspects in Nordoff-Robbins music therapy. The study revealed the importance of the therapist's role in helping clients achieve spiritual experiences. The study may benefit the field of music therapy by increasing awareness of spirituality in this particular approach, and it may also help music therapy students who want to study the Nordoff-Robbins approach, providing guidance for a deeper understanding of the model.

Acknowledgements

I would like to thank the following people who have contributed to this thesis and encouraged me throughout this process:

To Dr. Suzanne Sorel and Dr. Claire Ghetti, thank you for guiding and nurturing me. I would not have completed my thesis without your patient dedication, insight, advice, and encouragement along the way. I appreciate the time and energy you've put into helping me succeed.

To Rick Soshensky, thank you for your comments and suggestions during this process. To Dr. Michael Viega, thank you for your advice and guidance in helping me shape my thoughts. I would also like to thank all the people who are or have been in my writing group, who processed and proofread my work.

To my parents, thank you for the gift of faith that you have passed on to me, and for your love, patience, and encouragement along this journey.

TABLE OF CONTENTS

ABSTRACT.....	iii
ACKNOWLEDGMENTS.....	iv
TABLE OF CONTENTS	v
INTRODUCTION.....	1
REVIEW OF LITERATURE.....	4
Spirituality	
Music and Spirituality	
Music Therapy and Spirituality	
Nordoff-Robbins Music Therapy and Spirituality	
METHOD.....	18
RESULTS.....	24
Definitions of Spirituality	
NRMTs' Reflections on Spiritual Aspects of Music	
Therapists' Reflections on Their Experiences	
The Role of The Therapist	
Therapists' Perspectives on Spiritual Aspects of Nordoff-Robbins Music Therapy	
DISCUSSION.....	38
REFERENCES.....	43
APPENDICES.....	48
Appendix A: Informed Consent for Participant	
Appendix B: Consent Form	
Appendix C: Permission to Audio-Record	

Introduction

Many people long for a better life, one that includes more than just material things. Historically, spirituality was often aligned with organized religion, but in contemporary society many people want to experience spirituality in their everyday lives, even if they do not seek organized religion. Lipe (2002) reported that the interest in the relationship between spirituality and health is growing. Music therapy is not an exception in this trend.

Spirituality is a topic that is familiar to me because I have pursued spiritual wellness throughout my whole life, and have experienced myself as a spiritual being in everyday moments. In my spiritual experiences, there has always been the presence of music. There is a mystery surrounding music's capacity to access the depths of spirit.

My understanding of music therapy is inspired by the biblical story of David. According to the Bible, David played the harp for King Saul, who suffered from an evil spirit. When David played, King Saul felt better, and the evil spirit left him. I related to this story, as it revealed music's ability to connect people to their own spiritual healing and experiences.

Like David, I have had my own spiritual experiences with music. During a Sunday afternoon service in church, I was improvising on the piano while people were praying. I was captured by an indescribable power and it led me to play certain tones on the piano. I would call them "supernatural tones." After the service, one person came up to me and said, "Your piano playing is so special. Every single note you played touched my heart. I experienced healing in your playing. When you play, I feel like God is speaking to me."

I had a similar experience during my fieldwork at a center for nursing and rehabilitation with adults who have dementia or are recovering from stroke. While a group of patients participated in improvisation and music meditation, I played the piano to support the musical experience. During this time, one person started crying. After the session, he said to me, “Your playing is like a medication. I felt your music heal my body and soul.”

These experiences have influenced my choice of topic for this study. Many questions came to mind, such as, “What is spirituality in music and music therapy?” and “How is it related to spiritual healing experiences?” With these life experiences, I have become passionate about studying spirituality and music-centered music therapy.

Since I began my internship at the Nordoff-Robbins Center for Music Therapy at New York University, I have become motivated to study the spiritual experiences of Nordoff-Robbins practitioners. Since Nordoff-Robbins is a music-centered approach, I believe that spirituality may be experienced in varied ways by both therapists and clients when making music together.

The purpose of this study is to explore transpersonal dimensions of Creative Music Therapy by exploring the spiritual experiences of Nordoff-Robbins music therapists. Taylor (1995) reports that spiritual experiences that take place in music therapy practices are described in various ways such as “therapeutic breakthroughs, abreaction, regression, altered states, shamanic states, ecstatic states, and peak experiences” (p.13). In the Nordoff-Robbins literature, spiritual moments are described as peak experiences, a phrase that Maslow (1971) defined as “transient moments of self-

actualization” (p.48). Achieving a peak experience within a musical-clinical relationship is one of the core therapeutic goals in the Nordoff-Robbins Music Therapy.

The research question that guided this study is “How do Nordoff-Robbins music therapists experience spirituality within the therapeutic and musical relationship with their clients?” Sub-questions include:

- 1) How do Nordoff-Robbins music therapists define spiritual moments in Nordoff-Robbins’ music therapy?
- 2) How are those experiences reflected in music?
- 3) What techniques are used to help elicit those experiences?

The aim of this study is to explore Nordoff-Robbins music therapists’ experiences of spirituality within therapeutic and musical relationships with their clients.

Review of Literature

This literature review covers three subject areas: spirituality, the relationship of music and spirituality, and Nordoff-Robbins music therapy as it relates to spirituality. This discussion will provide a foundation from which to explore the spiritual experiences of Nordoff-Robbins' music therapists.

Spirituality

Spirituality is a challenging word to define, because its meaning varies with culture, philosophy, religion, experience, and history. It is possible for an event to feel spiritual to one person but not to another. Scheurich (2003) stated, "*Spirituality* is a fundamentally ambiguous and flawed term that can be made to mean anything" (p. 357).

There is a blurry boundary between spirituality and religion. Aldridge (2003) said all religions regard spirituality as important, and the texts associated with formal religions show that spirituality plays a major role in the relationship between humans and their god. Piedmont (2001) and Gorsuch (2006) viewed spirituality as a term that relates directly to religion and equated it with religious activity. In contrast, Banks (1984) and Scott (2006) believed spirituality can exist in all aspects of human life. Hill et al. (2000) stated that there are commonalities as well as differences between spirituality and religion. Aldridge (2003) distinguished the two, stating, "If spirituality is about the individual, ineffable and implicit, religion is about the social, spoken and explicit" (p.9). Spirituality has historically and culturally been a factor in formal religions and religious practices, from African healing rituals to Christianity and Buddhism.

Reed (1987) defined spirituality as inclusive of personal views and behaviors that express "a sense of relatedness to a transcendent dimension or to something greater than

the self” (p.336). Similarly, Borman and Dixon (1998) described it as “pertaining to one’s relationship with others, with oneself and with one’s higher power” (p.287).

Narayanasamy (1999) stated:

Spirituality is rooted in an awareness which is part of the biological make-up of the human species, it is present in all individuals, and it may manifest as inner peace and strength derived from perceived relationship with a transcendent God or an ultimate reality or whatever an individual values as supreme. (p.124)

O’Murchu (2000) speaks of spirituality as “a search for meaning that embraces a beyondness,” a sense of being embraced and held by a larger life-force, at one time very earthly, and yet “inclusive of everything that belongs to the life-spectrum of past-present-future” (p.204). The diversity of opinion on the topic makes it clear that there is no single or perfect definition of spirituality, and points to the range of what spirituality can encompass.

Without a clear definition of spirituality, we are left searching for markers which may indicate that a person is experiencing spiritual moments. The literature references four of these: non-ordinary states of consciousness, peak experience, transcendental moments, and transpersonal experience.

Taylor (1995) used the phrase “non-ordinary states of consciousness” to describe states that enable “ingrained habits of thought, feeling, perception, and understanding to recede, diffuse, to break down as necessary so that people can find new understanding and reclaim disconnected parts of themselves” (p.15). These experiences include “biographical flashbacks, trauma reenactment, reliving birth, emotionally charged imagery, psychic and intuitive flooding, shamanic trance, out of body experiences, near

death experiences, deep relaxation and peace, meditation and deep concentration, and contact with archetypal realms” (p.19).

Aldridge (2003) described the *transcendental moment* as an experience of “going beyond” and experiencing “another level of understanding” (p.15). He explained that transcendence goes past what the person is to a higher consciousness, and this consciousness is connected to the truth of self. It brings with it a deeper level of personal understanding of self and others.

Peak experiences are strong emotional moments that have therapeutic potential. Maslow (1962) described them as a “moments of pure, positive happiness when all doubts, all fears, all inhibitions, all tensions, all weaknesses are left behind” (p.9). A peak experience is therefore an emotional or psychological state that goes beyond the present circumstances that the person is facing, such as disabilities or troubles in his/her life. Maslow (1970) stated that peak experience brings out great insights and revelations.

In psychology, the term *transpersonal experience* refers to times when a person experiences something bigger or greater than herself. Wilber (1997) defined it as “personal plus,” and stated that “the transpersonal orientation explicitly and carefully includes all of the facets of personal psychology and psychiatry, but then adds those deeper or higher aspects of human experiences that transcend the ordinary and the average” (p.31).

All four of these terms -- non-ordinary consciousness, peak experience, transcendental moment, and transpersonal experience -- fall under the umbrella of spiritual experiences. The fact that spirituality is characterized by many different names is evidence that it exists as a common part of the human experience.

Fisher (2011) and Wlodarczyk (2007) regard spirituality as an important element in maintaining a healthy life or well-being. Wlodarczyk examined the effect of music therapy on the spirituality of persons in an inpatient hospice unit. The study involved ten terminally ill participants who had not previously received music therapy services, half of whom were given four music therapy sessions. The results showed a statistically significant increase in spiritual well-being among those who received music therapy, as measured by self-report on a spiritual well-being questionnaire.

Music and Spirituality

Music is a genre of art that is sound-oriented and can be limited by space and time. Schwartz (2008) stated “Music is auditory and visual and kinesthetic and cognitive and emotional” (p.3). Music also has the power to stimulate, comfort, excite, affirm, challenge, and provide aesthetic satisfaction (pp. 8-9). Schwartz related music to human domains. Similarly, Bruscia (1998) described music in a different way:

Music is the human institution in which individuals create meaning and beauty through sound, using the arts of composition, improvisation, performance and listening. Meaning and beauty are derived from the intrinsic relationships created between the sounds themselves and from the extrinsic relationships created between the sounds themselves and other forms of human experience. As such, meaning and beauty can be sound in the music itself, in the act of creating or experiencing the music, in the musician, and in the universe. (p.104)

People often look for songs or music that are meaningful in their lives, or which reflect their moods or emotional states: joy, happiness, sadness, peace, and mourning. Music can be a window through which individuals can communicate with the inner self.

Hargreaves et al. (2002) stated that music can be a means by which we formulate and express our individual identities, and added that musical tastes and preferences are a path to understanding a person's values and attitudes. Music plays an important role in interacting with others, and because it allows us to share emotions and intentions it contributes to improving the quality of human life.

Music often brings out strong emotions and memories of the past. Because of this, music is often believed to have spiritual power. Lipe et al. (2002) emphasized music's function as a transmitter of healing power in the service of transpersonal experience, and concluded that music has the power to change and shape human lives. Music affects physiological, emotional, and mental processes, and can lead to the uncovering of unconscious material such as symbols, archetypes, and other psychic material. Lowis (1998) showed that certain types of musical elements facilitate the transpersonal experiences of both clients and therapist. He explored the kinds of music which enabled participants to have peak experiences by having participants listen to both upbeat and gentle music. The study found that all participants had at least one peak experience, and that it occurred more frequently with upbeat music. Aspects of musical structure brought out strong emotional responses, and enjoyment of music increased the frequency of peak experiences.

Banini's (2009) study related to Lowis' findings and found that music may facilitate a more profound appreciation of emotional experiences, one which transcends the normal dichotomy between pleasant and unpleasant. These studies suggested that music can lead people to have spiritual or transpersonal experiences (Banini, 2009; Lowis, 1998).

Music has played an important role in religious ritual and culture across the centuries and across countries. Gregorian chants provide a salient example. In the traditional Catholic mass, every part of the liturgy, including the scripture and sometimes even the sermon, was sung. Similarly, most African music is derived from religious healing rituals. In India, Malaysia, Turkey, and other countries, music has been used as a means by which people worship, interact, or communicate with their gods. Walton (2007) stated that music is a tool for achieving oneness, and that a person experiences his or her purest and highest self while listening to an aesthetic work. Walton analyzed Sumarsam's "inner melody" theory of Javanese music. The 'inner melody' is the essence of Javanese gamelan music that is "hidden beneath surface phenomena" which is never fully sounded by any one instrument but only in collaboration with the other instruments in the group (p. 35).

Walton discussed music as it relates to spiritual experience within a specific culture. Matsunobu (2011) took a different perspective, claiming that spirituality in music can work across different cultures. He looked at how Japanese music brought both performers and listeners a sense of oneness that was "an experience of aliveness of mind and body, self and world as unity" (p.12), and aimed "to provide cases to suggest that the motivation of North American students of Japanese music may be driven by their willingness to explore the shared realm of human music experience, namely spirituality, rather than culture-specific dimensions of music" (p.13). His research was conducted through interviews with 27 shakuhachi¹ practitioners in North America who toured across Japan for a five-week study. Results indicated that practitioners of Japanese music had

¹ Japanese end-blown flute.

similar spiritual experiences, regardless of their personal country of residence. This may be why music therapist sometimes borrow forms, styles, and instruments from world music for clinical use. This area has not been fully explored and demonstrates the need for further study regarding the links between spirituality and music from a variety of cultures.

Music Therapy and Spirituality

Music is a means of facilitating spiritual experience in music therapy. Magill (2001) stated, “Music surpasses boundaries and can transport persons through time and place into realms of consciousness beyond the ego, beyond the medical condition, and beyond physical limits” (p.11). Similarly, Salmon (2001) found that “the music created in therapy can heighten and mirror aspects of the patient’s self, reinforcing and validating that person’s experience and music functions as an intermediary object, allowing difficult emotions to be safely projected onto and held within its form” (p.143).

There are three components of music therapy: the therapist, the client, and the music. Each contributes to spiritual experiences. Aldridge (2003) showed that music therapy facilitates the process of connecting to that which is spiritually significant for the patient, and that music therapy helps promote relief of suffering. Yet it is not the music alone which facilitates the spiritual experience; the awareness of the therapist and of the client of their own spirituality also plays an important role.

Marom (2004) described the role of the music therapist as being “to facilitate, nurture, and support the clients” in spiritual experiences and to help clients “reconnect to reality” (p.53). She maintained that the role of music is to enhance and sustain both therapists and clients in a spiritual experience, and to provide them with a special

emotional context in which to connect with their spirit and empower and reinforce their self-esteem. Sutton (2007) researched the role of the music therapist's personal feelings about spirituality in therapy. She found that spirituality in music therapy involves addressing spiritual needs and experiencing music therapy as a spiritual experience. She also found that acknowledging spirituality as part of the foundation of music therapy affects a therapist's personal and theoretical approach.

Arnason (2005) explored the relationship between spiritual experience and music therapy improvisation in a case study of two clients. The study showed that there were remarkable changes in the level of the clients' energy, musical flexibility, and creative joy, and that music provided the potential to transform the clients' lives. Arnason described a case in which the manner and quality of the client's play changed and became more flexible in music making, even though the client initially appeared tired and withdrawn. The study concluded that spiritual dimensions were always present in sessions. However, it focused on the client rather than the therapist. The spiritual experience of the NRMT therapist is a topic that can be further examined.

Nordoff-Robbins Music Therapy and Spirituality

In the Nordoff-Robbins approach, music is used *as* therapy. This means that "music serves as the primary medium and agent for therapeutic change" (Bruscia, 1998, p.39). The Nordoff-Robbins approach is called *creative music therapy* because the therapist uses "the improvised music creatively to create the therapeutic experience", and "creates a progression of therapeutic experiences from session to session, supporting stages in the client's creative development" (Bruscia, 1987, p.24). The purpose of music-making is to draw in the client's attention, lead him or her into active involvement and

personal commitment, and to divert inner experiences outward. Aigen (2005) said one of the key concepts of Nordoff-Robbins music therapy is “achieving a state of being where both therapist and client are living as completely as is possible in music” (p.17). This implies that Nordoff-Robbins music therapy pursues having spiritual moments, even though it is not directly indicated as a therapeutic goal.

Nordoff and Robbins (2007) described the “music child” as an important element related to the inner self of human beings, noting, “The *music child* is the individualized musicality inborn in every child: the term has reference to the universality of human musical sensitivity... and to the uniquely personal significance of each child’s musical responsiveness” (p.4). The music child seems to deeply relate to spiritual moments in Nordoff-Robbins music therapy because it is an activator for expression of one’s self through music. According to Nordoff & Robbins (2007), the music child can facilitate the manifestation of an individual’s core self, and it can open “oneself to a source of untold and unforeseeable inspiration for the realization of creative healing in music therapy” (p.17). Bruscia (1987) claimed that music plays a role in effecting the client’s therapeutic growth, providing both “a stimulus and a response medium” (p.24). This therapeutic growth can be possible when the music child is activated through music.

Nordoff and Robbins’ conception of music therapy was influenced by the ideas of Rudolf Steiner, who was the founder of anthroposophy, which has been described as a “science of the spirit” (Bruscia, 1998, p.30). The idea of the music child relates to Steiner’s concept of the “astral body,” which is “part of every human being where impulses, drives, passions, and emotions live as experience” and works “within us according to rhythms, and melodies in the cosmos which are found in our physical form”

(Bruscia, p.31). Bruscia stated, “Nordoff and Robbins observed that clients often identify closely with songs and melodic themes developed in therapy, and that the progressive externalization of this identification into various forms of coactivity was a significant process in therapy” (p. 31). He notes that this relates to Steiner’s ideas on the origins of melody, rhythm, and harmony, because Steiner believed melody comes from the human’s soul, and that the human body is the musical instrument.

Fostering peak experiences in music therapy is one of the important therapeutic goals in Nordoff-Robbins music therapy, and is considered a form of spiritual experience in psychology. Research conducted by Low (2012) explored how the term “peak experience” was described in music therapy literature, and sought to identify the characteristics of it in practice. The study found that although many articles mentioned the peak experiences, none discussed what these were in depth, described the process of attaining them, or noted their effects. The study reported that more than half of the survey respondents had had music therapy-related peak experiences.

Cooper (2010) asked five Nordoff-Robbins music therapists to listen to a memorable session with one of their clients and describe what they perceived about themselves, the client, the music, and how they musically responded. The study contained many improvisational techniques, and described experiences with transpersonal elements related to improvisation. The findings showed that therapists’ empathy and awareness of feelings gave them clearer insight into how to set up goals, plan treatment, and make choices for improvisation. The study also found that when the client felt heard by the therapist, the relationship between therapist and client went into deeper stages. Openness and being fully present were essential aspects of the experience. Cooper (2010) referred

to phenomena called “internal voice” and “transpersonal guidance.” Guidance can come through what has been described as “another place,” beyond the self. Connection with this source can lead to an inner clarity through which one can hear the significance of the unfolding music to the whole (p. 103). Cooper found that participants experienced transpersonal moments, and quoted a participant as stating, “There is another place, another whole range of responses, feelings, emotions, which is whispering yes, yes, this is what we want” (p.103). This study found that it is possible to experience spiritual moments in music therapy, but did not focus on those experiences specifically.

A study by Kim (2010) investigated eight Korean female music therapists’ experiences in the Nordoff-Robbins music therapy training program. The study found seven domains represented in the participants’ experiences: 1) motivation; 2) difficulties experienced; 3) multi-cultural issues; 4) supervision; 5) transpersonal experiences; 6) personal growth; and 7) professional growth. Spiritual experiences were an integral part of NR trainees’ experiences, and were discussed in the results of the study. Kim (2010) reported that all participants had transpersonal experiences and stated, “they felt free, awakened, activated, spontaneous, totally focused, or jubilant in music and they all experienced their music child activated over condition child, as experiencing feeling of joy, ecstasy, and bliss in the Nordoff-Robbins music therapy training” (p.358). This showed that there might be a relationship between the music child and spiritual experiences, but the study did not discuss details about this relationship. Studies by Kim (2010) and Cooper (2010) discussed the fact that therapists have transpersonal experiences in Nordoff-Robbins music therapy, but neither discussed these experiences in depth.

The musical elements such as tempo, rhythm, contour, shape, motion, and texture of music, speech, vocalizing, gestures, and facial expressions make it possible for client and therapist to communicate in music therapy. How therapists use these elements in improvisation is highly spontaneous, and how they improvise depends on moment-by-moment responses to the client. Each element also contributes to the client's and therapist's ability to express feelings and intentions through music. Nachmanovitch (1990) concluded that improvisation is the master key to creativity, and that the creative process is a spiritual path for exploring the deep self.

Robbins and Robbins (1993) illustrated peak experience through the case of Nicole, a five-year girl with autism. In the fifth session, Nicole initiated dancing and smiled, then began to bend her knees to lift her feet higher than she had in the past. The therapist, Carol Robbins, adapted her playing to give emphasis to Nicole's steps while Clive was holding both her hands to support her. As Nicole stepped rhythmically from foot to foot, she showed utter joy and release on her face. This was matched in spirit by the joyfulness in Carol's stimulating singing and playing. Robbins and Robbins described this event as Nicole experiencing a "cognition of being" (p.15) that resulted from having a peak experience. Additionally, Robbins (2005) mentioned peak experience in the chapter "New Dimensions of Joy" (p.35), describing a memorable experience which took place during a collaborative project with the Ithaca College Orchestra (ICO). The project involved a group of deaf children from the New York State School for the Deaf, who participated as actors in a performance of *Peter and the Wolf* by Sergei Prokofiev. Afterwards, the children bowed to the audience with a kind of happy wonder. An audience member came up to Clive Robbins and said, "You are bringing us new

dimensions of joy!” (p.38). Robbins (2005) stated, “His words were a gift to us all. A special kind of peak experience is generated when a team of adults and children believe in what they are doing and work well together to realize a fine rendition of a beautiful piece of musical creation” (p.38). The case studies of Nicole and the work with the deaf children at the ICO illustrated peak experiences to some degree, but neither discussed how peak experience and spirituality are related.

There have been many studies regarding spirituality in the field of music therapy, but none of them have defined spirituality unambiguously. Meanings are very broad, and spiritual experiences have been given many names. The existence of numerous definitions of and names for spirituality implies that many music therapists and researchers believe spiritual moments can occur during music therapy and that many music therapists have experienced these moments. Many studies showed that a relationship exists between music and spirituality, and between music therapy and spirituality.

No studies were found on the Nordoff-Robbins music therapist’s spiritual experience in Nordoff-Robbins music therapy. Though studies of Nordoff-Robbins music therapy often mention the existence of peak experiences in improvisation, which contribute to transpersonal experiences in music therapy, none showed how spirituality was experienced, how peak experiences are related to spiritual experience, or why Nordoff-Robbins music therapists defined the moment as spiritual. Peak experience is described as one of the goals of creative music therapy, but it was difficult to find studies that discuss it in Nordoff-Robbins music therapy. However, it was obvious that music had the power to reach hidden depths of the human spirit, and that Nordoff-Robbins

music therapy had the potential to elicit spiritual experiences because it uses music as its primary tool. The purpose of the present study was to explore Nordoff-Robbins music therapists' experience of spirituality within therapeutic and musical relationships with their clients.

Method

Design

A phenomenological approach was employed to allow a profound understanding of therapists' personal experiences of spirituality through open-ended conversational interviews. Interviews were conducted to probe the depth of participants' experiences. Phenomenology is an approach that allows researchers to examine and to study lived experience by interviewing people about their experiences regarding a certain phenomenon, such as spirituality amongst NR practitioners (Forinash & Grocke, 2005). Forinash and Grocke (2005) state: "Phenomenology lends itself well to studies of complexities and mysteries of life that require thoughtful, reflective approaches" (p.324). Spiritual experiences are very complex and multi-layered.

Epoché

Bracketing the researcher's own biases and stance toward the phenomenon under investigation is an essential process for credibility. This process, called epoché, identifies the beliefs that the researcher holds, and allows the researcher to suspend these beliefs during the process of collecting and analyzing data. I am a music therapy student who was born and raised in Korea. I have lived in the United States since 2001 and have studied music and music therapy. Since I came to America, English has been my handicap. It brought many limitations to my study and to my life in New York, but music made it possible to connect to others and to have better communication with them. Through music, I was able to present myself more authentically, and it gave me insight and understanding about the people with whom I played, and to whose music I listened. Another aspect of my life is that I was born and raised as Christian. As a Christian, I have

pursued a spiritual life every day and every moment. In my spiritual experience, music has always been there. With music, I was connected to my true self and to a higher power. Music elevated me to reach that state of being. I believe that humans are spiritual beings, and that music has spiritual healing power. In spiritual moments I have felt unspeakable joy and an indescribable peace that the world cannot give. Music brought these emotional states to me. From my internship experiences in the Nordoff-Robbins Center for Music Therapy, I came to believe that this approach has the potential to elicit spiritual experiences, because music is the primary medium. I witnessed clients who had many physical limitations being uplifted by musical experiences and going beyond the level of activity that they were able to reach in normal life. While conducting this study, I tried to set aside my own biases or assumptions, in order to let the participants' experiences of the phenomenon of spirituality emerge.

Participants

Participants for this study included five Nordoff-Robbins music therapists (NRMTs). The researcher asked senior staff members from both the Nordoff-Robbins Center for Music Therapy and the music therapy department at Molloy College to recommend Nordoff-Robbins music therapists who were appropriate for this study. Then the researcher contacted the recommended Nordoff-Robbins music therapists, who work either at the Nordoff-Robbins Center for Music Therapy at New York University or at the Rebecca Center for Music Therapy at Molloy College. The websites of the two centers and the directory of the American Music Therapy Association (AMTA) Member Sourcebook were used to obtain contact information. Participants were recruited from New York City and the surrounding areas in order to accommodate in-person interviews.

The following criteria were used for the selection process: 1) participants were Board-Certified (MT-BC) by the Certification Board for Music Therapists; 2) had acquired certification in the Nordoff-Robbins approach of music therapy practice; 3) had a minimum of five years professional experience; 4) were currently working in or around New York City; 5) had experienced at least one spiritual moment in their clinical work; and 6) were able to communicate verbally either in English or Korean.

Participants were asked to sign a written consent form to take part in the study. The consent form included the purpose of the study, description of the procedures, duration of the interview, possible benefits and risks, and information regarding ensuring confidentiality and the nature of voluntary participation. Participants were also asked to sign a written consent to be audiotaped during the interview.

Procedures

After the thesis committee reviewed and approved this thesis proposal that included introduction, literature review, method, and IRB application form, the researcher submitted the proposal to Molloy College's Institutional Review Board (IRB) to seek approval. The IRB application included the proposed proposal abstract, the IRB application, a sample of the consent forms, and sample list of questions to be used during the interviews. Upon receiving approval from Molloy College's Institutional Review Board (IRB), the researcher contacted participants to schedule their interview.

Interviews

The researcher conducted an in-depth, open-ended interview with each of the participants. The interviews lasted approximately 30 to 40 minutes, and took place at a time and place that was convenient for the participant. The entire interview was recorded

on a digital audio recording device, notes were taken, and then the recordings were saved in a computer. Questions included:

- 1) How do you define spirituality?
- 2) Can you briefly describe your general background and clinical experiences?
- 3) Can you describe your experience of spirituality in general?
- 4) Can you describe spiritual experiences in your clinical work?
- 5) Why do you view those moments as spiritual?
- 6) Do you think that spirituality relates to music, music therapy, and/or Nordoff-Robbins music therapy? If yes, what is the relationship between music and spirituality? What is the relationship between music therapy and spirituality? What is the relationship between Nordoff-Robbins music therapy and spirituality?
- 7) Can you talk about what makes you experience spirituality? Is it music? Client? Or therapist?

Interviews were transcribed and saved in a Word processing file. The recordings were stored in a computer with a pass code protected file that only the researcher and thesis committee could access. Data were stored for six months and then destroyed.

Analysis of Data

The data from the interviews were analyzed according to Forinash's (1992) and Murphy's (2007) phenomenological analysis. The researcher transcribed each of the interviews, and emailed the transcript to each participant in order to allow them to review and make any changes needed.

The researcher followed four steps to analyze the data collected. First, the transcribed interviews were read in their entirety to get a sense of the whole interview.

Second, significant statements from each transcript were extracted, and divided into segments that describe a significant experience regarding spirituality in Nordoff-Robbins music therapy. Third, the segments were coded and the codes were grouped into categories. This enabled the researcher to clarify and manage meaningful themes in the study. Fourth, themes were created from the categories and the researcher provided a description of the themes (Murphy, 2001). The themes provide both the researcher and the reader a sense of how spirituality may be experienced in Nordoff-Robbins music therapy, how the NRMT participants define spirituality, how they experience spiritual moments in Nordoff-Robbins music therapy, and why they may be considered as spiritual. The description represented the shared experiences and opinions of all five therapists.

Trustworthiness

Lincoln and Guba (1985) explain procedures to ensure trustworthiness including criteria such as credibility, transferability, dependability, and confirmability. Credibility is established by bracketing the researcher's own biases and stance. Transferability is established by providing a thick description of the phenomenon. Dependability relates to how the analysis of the data develops and unfolds, and whether the researcher describes the ever-changing circumstances within the design of the study. Confirmability is established by peer debriefing, which involves looking at the data through multiple perspectives and theoretical lenses, often discussing issues with a peer support group in order to ensure that the analysis is grounded in the data. Triangulation refers to whether the author uses multiple methods and sources for viewing the data (Lincoln & Guba, 1985). The researcher focused on credibility and transferability to establish

trustworthiness, and engaged in member checks throughout the research process. At the initial step of data analysis, the researcher requested feedback from the participants by showing them a sample of the analyzed data. This feedback was included in the final write-up of the thesis. The researcher consulted with her thesis advisor and peers throughout the analysis process to ensure the trustworthiness and credibility of the study, and provided in-depth descriptions of the interviews to allow the reader to have an in-depth view of the data.

Presentation of Findings

The findings of this study are presented through narrative forms such as vignettes and layered reflections. This study was holistic in nature, and the written document reflects the lived experience of each participant as closely as possible. The findings were compared to the literature on music and spirituality, and to Nordoff-Robbins music therapy and spirituality. Interpretations and inferences are summarized and reflected upon in the discussion section.

Results

Analysis of the five interviews revealed five thematic categories. These were (1) Definitions of spirituality; (2) Nordoff-Robbins music therapists' reflections on spiritual aspects of music, (3) Therapists' spiritual experiences during sessions, (4) The role of the therapist, and (5) Therapists' perspectives on spiritual aspects of Nordoff-Robbins music therapy. These results include both shared and divergent experiences.

Definitions of Spirituality

All the participants had their own understanding and definition of spirituality. Most used several terms and examples, providing multiple views of what spirituality means to them.

Spirituality as feeling connected. Sean² said spirituality was something like a unity in which what appears to be separate, is not really separate:

The unity is where there is not a division of roles, division of anything, division is all illusion... every particle in creation knows what every other particle is doing; this is complete unity of purpose. That's what spirituality means to me . . . I think true spirituality, the highest level of spirituality on this earth is really, "what can I do with this, to serve all the people or to serve God?" . . . We are serving other people and we are serving God.

Joel, Kathy, and Hanna also spoke of spirituality as a kind of connection. Joel described it as a feeling of connection with something bigger than oneself, which leads to a sense that one is part of the human condition through time and music. He said,

² All participants will be identified using pseudonyms.

“Spirituality is a feeling that you’re connected to the high self – feeling a sense of connection to all things.”

Hanna spoke of connection in a slightly different way, seeing spirituality as an essential part of each person:

I see it as being the essential qualities of a person, and they incorporate the mind and body as being interdependent on each other. Spirituality as being integrative is seeing interconnections among the different parts of a person and also among all of the people in the room together... So there’s the openness to the unknown; I think that is a part of spirituality.

Kathy believes spirituality is a feeling of connection to something outside of oneself or connection with the other person. Sean uses the term *unity*, Hanna uses *integration*, the others use *connection* to define spirituality but these terms are all subsumed in the word *connection*.

Spirituality as feeling transported. Sam and Joel also described spirituality as a feeling of being transported to somewhere different than everyday life. Similarly, Kathy spoke of spirituality as being transported to somewhere outside of oneself or to some place out of one’s normal life.

Spirituality as an emotional state. Some participants described spirituality as having certain emotional qualities. Joel noted that spirituality encompasses a sense of gratitude for being alive, of being in touch with the profound gift of life, of being engaged in what life has to offer. He believes gratitude consists of certain states of mind or emotion that manifest as being in touch with spiritual nature within all of us. Kathy

described spirituality as a feeling inside us that gives people comfort, and said it is what gives people meaning in their lives.

Spirituality as serving/giving. Some participants described spirituality as giving one's life to others or serving others. Joel said that which is called spiritual has to do with gratitude, openness, loving kindness, and being able to extend oneself to care for others in an altruistic way. Sean also defined spirituality as something that is more based on serving than receiving. He said the heart of spirituality is to learn to function according to sharing and serving, rather than to focus on taking things just for oneself.

Spirituality as a sense of being in the moment. Sam described spirituality as the sense of being as completely in the moment as one possibly can; Joel also defined it as a state of being.

According to interviewees' descriptions, spirituality is either a kind of connection to others or to something greater than themselves, or the sense of being fully present in the moment. They spoke of spirituality as a gift, the sense of gratitude for being alive, and the sense of being transported.

Nordoff-Robbins Music Therapists' Reflections on Spiritual Aspects of Music

Each participant was asked to discuss the relationship between music and spirituality. Some viewed music as an essential part of spirituality, and a part of what makes us human. They explained that music has an evocative way of moving us into a different kind of state, and said it made us capable of things that we could not do in normal life.

Hanna described music as essential to the spiritual experience which takes place in therapy sessions. She believes music strengthens and transforms the client's experience

of giving and receiving support, allowing the relationship to move beyond the level of purely verbal exchanges. In her view, music as a creative medium taps into what she thinks of as the spiritual resources in people with disabilities, and allows them to re-integrate all of their capacity for creativity. For example, it integrates the rational and the intuitive, the thinking and the feeling parts of how our brains work. Hanna believes this integration is really what is important in spirituality.

Sean spoke of music as a medium that helps people to reach spiritual states:

Music allows us to have this experience of unity that we are not capable of in regular ego-based thinking. If you talk, I have to listen. If I say something, you have to listen. We can't talk at the same time because we wouldn't understand each other but we can play at the same time and understand each other perfectly, which is an experience of unity that we cannot have in a non-musical situation, for most part. Music helps us to get there.

Similarly, Joel said that music enables him to feel there is more to life than what we experience in the material world. He said immersing yourself in music lets you feel you are a bigger person. He noted that much music is about longing for something like love or friendship, and that beyond that, it is about longing for spiritual union with God or something more than oneself. Music has the potential to bring us to a kind of spiritual dimension. Sam believes that music gives people the opportunity to explore and search beyond the normal path. It can elevate a person's emotions. Kathy also described music as connected to emotions, and said music accesses client emotions much more directly than words.

All participants explained that music has the potential to make what is impossible in the physical world, possible. Music helps people go beyond their capacity and elevates a person's emotions to reach the state that is called spirituality.

Therapists' Reflections on Their Spiritual Experiences

Participants described what happens during sessions, what brings out spiritual moments, how they feel when they are in a spiritual moment, and how those moments influence the therapists' approach to clinical work after the experience.

Therapists' spiritual experiences during sessions. The participants described their spiritual experiences during clinical work as a kind of unity and connection (either to self or to others) that allows them to go beyond something that they can do alone. Sean elaborated, saying:

I might be playing a little bit more complex music than my client might be playing. But I think that the feeling; the qualitative state of it, is very similar. We are now in this kind of place where we are in the music together . . . the clients' impairments... are starting to be less important and the feeling that we are sharing something together or something satisfying is more predominant than these other barriers... no matter what the impairments are like . . . all of the sudden they're not anymore... what they were.

Even though the client and Sean are on a different level of playing, they meet in music. He described the moment as being together in music. He meets the client as she or he is, no matter what kind of disabilities may be present. Music surpasses the limits that both therapist and client have, creating a spiritual moment. Similarly, Joel said:

It's a combination of moments where I feel like I'm tapping into something within myself that I never have before, and that I'm totally immersed in the unfolding musical experience, while at the same time recognizing the connection and impact with the person who I'm being with in the music . . . at a certain point in the musical experience . . . you lose a sense of your own self motivations, your own identity, and are doing it for yourself, and you lose that and you're totally in how the music is unfolding. You're totally into the sense that you're the music in a way, you're one with the music. All of those facts are combined to create the potential for a spiritual experience.

Joel described the spiritual moment during session as being in music. Being in music lets him go beyond rational thought and lose a sense of self; at the same time he goes deeply inside himself. Sam compared spiritual moments in music therapy sessions with listening to an orchestra play:

It is a spiritual moment when that orchestra starts playing, that's unbelievable. This is beyond something that you can say. 'Oh well everybody is playing the same notes...' I think that's another knowledge, a similar thing to what happens in the therapy session... It's about being together ... those things are not going to happen unless there is some connection somewhere, somehow in music...

He described his experience as being connected with others and becoming united by being together in music. Sean described his experience this way:

A particular type of music starts to take a form and what happens... your client is brought to the level where they're doing something that maybe is not typically what they would do, because of what their personality and condition is. A kind of

certain limitation or barrier is set up by their situation. Then all of a sudden through music -- not all of a sudden sometimes, but gradually -- but then it feels like all of a sudden you notice that something is happening. The client is doing something, and you are doing something. To me, that's a spiritual experience.

The overarching theme of these comments is that spiritual moments are something that's creative in the moment, which takes place in the triangle of connection between the client, the therapist, and the music. These three elements contain a sense of movement, a movement that connects people to one another and to create a whole. People can be connected beyond their non-musical limitations, despite their differences.

What elicits those spiritual moments. None of the therapists felt that there is a formula for bringing out spiritual moments during session. There is no one technique, mode or style of music that brings out spiritual moments more than others. Sometimes a certain element of music contributes and makes them feel fulfilled and rich, but it cannot be attributable to the element alone. There was broad consensus that the most important factor is how therapists present music during the session, and how much they are being in the moment. Hanna said that spiritual moments are elicited by activating someone's creative capacity in the service of re-integrating their experiences:

We learn in Nordoff-Robbins's classes about specific modes, idioms, musical elements, a lot of details, but when you're in the moment with someone, I see it as a spiritual encounter between these two beings or among many people in a group.

It's being open to a lot more influences than you prepare for.

Similarly, Kathy stated,

We never know for sure if it's reciprocated, but we feel that person's soul. I feel that person's essence connecting with mine. I don't know the elements that you bring... they are unpredictable in the moment. I think it's just about being open to them because you can't force spiritual moments.

In general, most participants said that musical elements are important, but they do not create spiritual moments unless connected to one's feeling. How one uses a musical element and how open one is are the key determinants; one must take in the client and give of oneself interpersonally, in an ongoing process.

Therapists' feelings during the spiritual experience. Four of the five participants – Joel, Kathy, Hanna, and Sam – felt they were lost in time and space during their spiritual experiences. All five reported feelings of joy, gratitude, satisfaction, fulfillment, relaxation, acceptance, and connection.

Kathy described “a feeling of being almost... not lost but floating.” She added: You're almost floating there because you lose your grounding. You're unaware of time passing in the normal sense. It's a feeling of being transported some place out of your normal life. In the moments of connection with the other person, you just feel like you're transported... you lose all sense of time... you become so engaged in what's happening. In music interaction, the response of the other person feeds your response to that person. I felt that person's soul and I felt that person's essence connecting with mine.

Joel expressed similar feelings, stating that the experience was:

... something different than everyday life or everyday interaction, where I felt like it was *me* feeling, but also I felt like it was also with the client. That wasn't just

me by myself ... there is something very special about being in that place with someone else and what was striking to me was that it didn't matter who that person was like.

Kathy shared what she described as a spiritual experience with a little girl with Rett syndrome. Another NRMT was the girl's primary therapist; Kathy was a co-therapist. The primary therapist got off the piano bench, though Kathy didn't know why. The child was standing with Kathy supporting her hips. The primary therapist was in front of the girl, and Kathy was behind her. The primary therapist vocalized, and the child looked at her with a big smile. Then Kathy vocalized, and the child turned around to Kathy. This went back and forth many times, creating a wonderful moment. The child had never been as responsive to them as she was in that moment, enjoying it and almost anticipating who was going to vocalize to her. She didn't make a sound at all. She engaged in this relationship between them with the singing. Kathy noted that the moment was totally unpredictable and they couldn't have planned it; everything simply clicked and fell in place. She felt this moment of connection was a gift; one doesn't know when connection within a musical experience like that is going to happen. For her, feeling connected with the client was a spiritual experience.

Sam described the feeling of spirituality as a series of paradoxes: "simple, yet rich (full), feeling not-complicated, yet feeling a lot of feelings coming together, simple yet complex, powerful yet humble, feeling relaxed yet feeling a lot of energy at the same time, and a lot happened yet very simple." None of the other participants identified paradoxes within their experiences of spirituality.

Changes after their spiritual experiences. As a result of their spiritual experiences during clinical work, most therapists experienced a change in their attitudes toward their clients, music, or therapy sessions. This did not change the goals for therapy, but made the therapists more open to self, and changed their perception of clients and the world. Sean said that the experience changed not only his self-perception but his perception of the people around him, as well as his belief system. Hanna described the change as, “You’re opening to yourself, seeing the person in a completely different way, experiencing them in ways that you never expected because of the freedom in the improvisation process, and also the depth that it can reach”.

The participants subsequently kept in mind that each session holds the potential for spiritual moments. Joel stated, “There’s a hope that anything can happen, if that can happen. I couldn’t make it happen and for many reasons, we ourselves kind of let it happen... we’re open to it happening. That’s a possibility.” He added that after his initial spiritual experience during a session he developed a “spiritual attitude of devotion, reverence, care, and love” to help the client reach as many extraordinary moments as he or she could. Sam spoke of his change of perception of the world and how he wants spiritual moments to happen again, because he believes that it’s possible again.

The Role of the Therapists

All the therapists affirmed that it is the therapist’s job to learn how to help people access and trust music, and to make it that “creative now.” Spiritual moments can occur at any time, but there are things therapists can do that make these more likely in music therapy.

The first is to create *possibilities*. Joel noted that the therapist shouldn't limit what can happen in the session; the proper use of music is really to open up possibilities. Sean emphasized that it is important to believe the children could communicate in this way. He stated, "You should change not only the self-perception for the person but also the belief system of the people around that person."

Second, each participant agreed that it is essential to adopt a *spiritual attitude*, an open, loving, and devotional attitude toward oneself, one's client, the music, and music therapy. Kathy emphasized that therapists have to put a lot of themselves into the work. Hanna stated, "You open yourself to the unknown and it's both unknown in yourself as a therapist as well as the unknown potential in this client or in this group. I guess that openness to the unknown is inherently spiritual."

Third, the participants all felt that therapists must not impose anything on the client, but must engage in creating music together, *in the moment*. Sean spoke of the "creative now," saying that the fact that "we're here and now in this moment is really all that matters." Hanna emphasized that grounding oneself before going to a session was crucial for therapists, and felt they should try to find a way to relate to others and to find balance within themselves. Sam felt this required forethought:

I think there is a preparation. I think experience is preparation, but also before I make music with somebody I have to really be aware of all the stuff going on, including my questions about who this person is.

Therapists' Perspectives on Spiritual Aspects of Nordoff-Robbins Music Therapy

All five participants felt spirituality is a salient aspect of Nordoff-Robbins Music Therapy, because this approach uses music as a primary medium and emphasizes being *creative*. Hanna stated:

I feel... this approach is spiritual because of the cultivation of the medium of music as a vehicle and channel for communication and interactions. We also open ourselves to this kind of exchange that we can't immediately understand, something that passes the level that surpasses rationale understanding.

Sam mentioned that there is a link between creativity and spirituality. Being together in the moment is a salient aspect of creative music therapy that opens up a way to spiritual moments in the session.

Sean said:

You have to be in the same boat – that's what creating the unity is and that you're having the experience in the same kind of dynamic situation that the client's having the experience. If you cannot be in it, if you are not in it, most time it's not really going to work. If you cannot be in it, you don't really have the temperament to do this work... Just really being fully able to be in there and appreciative and invested in what's happening, and constantly trying to find ways to use the music to bring it into this creative now.

Similarly, Joel stated, "It depends on what you're experiencing in the moment because it could be something about wanting to resonate in a certain kind of emotion that will lead you to feel something more than what you're feeling."

Peak experience as a therapeutic goal of creative music therapy. According to some therapists, peak experience is one of the spiritual aspects of Nordoff-Robbins Music Therapy. A few said that peak experience is another word for moving into that higher sense of self (Sean, Joel). Similarly, Kathy felt that spirituality is very connected to peak experience.

Music child. All therapists described the music child as a unique characteristic of human beings; it is an essential part of being human, and what make people musical. They referred to the concept of the music child as a “super human being” (Joel), the “capability of every person” (Kathy), “someone’s soul” or “someone’s essence” (Hanna), and a “universal facet of human being” or the “belief in somebody, belief in possibility, belief in creativity, and belief in very unique spirit that needs to be respected and honored” (Sam). Sam also said of the music child:

It could seem very hidden, or it could be something that’s just always there and we just have to open our eyes to it. I think this is an idea of spirit or soul. If you are open to think of it, it exists and you will see it, you will respond to it, and you will see people in that way. Music child is a unique term of NR but everything that’s describing its essence is universal.

Sean described music child similarly, seeing it as a key aspect of being capable of being in the moment.

Improvisation/creative. All the therapists felt that improvisation lends itself to being in the moment. Sean described improvisation as something which has the potential to take us outside of our conditioned limits, and being in the moment is a spiritual experience, and in fact the point of meditation. Joel noted that there is something about

discovery or adventure that is like taking a step into the unknown and this is why improvisation can lead us to spiritual experience. Sam described improvisation as something which gives us the opportunity to explore beyond a given path; it enables us to go places that we normally cannot go.

Nordoff-Robbins training. Three therapists (Sean, Kathy, Sam) felt that NR training helped them to be strong and flexible in music; it allowed them to be themselves in the moment. They confessed that NR training taught them to be more effective in reaching that state of musical unity in the creative now, to be open and to allow special moments to happen.

In summary, there were five broad themes that emerged from the interviews: definition of spirituality; Nordoff-Robbins music therapists' reflections on spiritual aspects of music; therapists' reflections on their experiences; the role of the therapists; and therapists' perspectives on spiritual aspects of Nordoff-Robbins music therapy. The participants regarded spirituality as an essential in music therapy, because it integrates the various domains of human functioning. They implied that whatever it is that makes something spiritual is something they need as a music therapist.

The Nordoff-Robbins music therapists' spiritual experiences reflected their definitions of spirituality. The results showed that a therapist's awareness and understanding of spirituality affects his or her attitude toward client, music, and music therapy. The result also revealed that the possibility of having spiritual moments in Nordoff-Robbins music therapy may be due in part to the Nordoff-Robbins approach, therapeutic goals, theoretical background of the use of music, and perspective on music therapy.

Discussion

In this study, I examined Nordoff-Robbins music therapists' perspectives on spirituality, their reflections on spiritual experiences, and their perspectives on the spiritual aspects of Nordoff-Robbins Music Therapy. Examining the Nordoff-Robbins music therapists' definitions of spirituality was essential because it formed the base for understanding why they viewed their experiences in Nordoff-Robbins music therapy as spiritual. There was no consensus among the participants on a definition of spirituality, though certain aspects of spirituality were frequently mentioned: that it is an essential part of the person; a feeling of connectedness with oneself, others, and higher power; and that it is connected to emotional states. Reed (1987) and Borman and Dixon (1998) also defined spirituality as a feeling of connection with oneself, others, and something greater than the self. The variation in definitions may have been influenced by the participants' life experiences, spiritual backgrounds, and musical experiences. The similarities in wording that the Nordoff-Robbins music therapists used in describing spirituality focused primarily on the concept that spirituality is not somewhere outside oneself, but inside each person. This resembles what Banks (1984) and Scott (2006) said about spirituality: it is an aspect of human life.

This aspect of spirituality corresponds quite closely to the concept of the music child in Nordoff-Robbins music therapy. Participants in this study described the music child as a human spirit, an essential part of the human being, a unique characteristic of humans, part of the capability of every person, a belief in creativity, and a belief in possibility. In the Nordoff-Robbins approach, therapeutic or clinical goals are achieved by activating the music child. When the music child is activated through music, clients

are able to go beyond the capacities of the condition child. Likewise, Nordoff and Robbins (2007) said that the core self of the individual moves toward fulfillment and completeness when the music child is awakened and liberated, and it opens one up to “a source of untold and unforeseeable inspiration for the realization of creative healing in music therapy” (p.17). There might be a relationship between the music child and spiritual experiences (Kim, 2010).

The participants were unanimous in agreeing that music has spiritual aspects. They noted it is a means of accessing the spiritual, because it can reach beyond how we communicate in normal life, and it surpasses the physical world. In other words, music can lead us somewhere *beyond* ourselves or *beyond* our capacities. Hence music can be seen as a facilitator for eliciting spiritual moments. This spiritual aspect of music was reflected in Lipe et al.’s (2002) discussion of the function of music as a transmitter of healing power in the service of transpersonal experience. Music can facilitate a more profound appreciation of emotional experiences, and it can lead people to have spiritual or transpersonal experiences (Banini, 2009; Lowis, 1998). This implies that Nordoff-Robbins, which uses music *as* therapy, is closely linked to spirituality.

This study was focused on the therapists’ experiences rather than on that of the clients. The participants felt that therapists play an important role in bringing out spiritual moments within sessions, though they noted there is no prescription for doing this. Music alone does not facilitate the spiritual experience, but the awareness and the attitude of the therapist toward the spirituality plays an important role (Aldridge, 2003). Facility with musical elements, styles, and techniques are all prerequisites, but the participants felt that it’s the therapist’s understanding and awareness of spirituality and his or her attitude

toward their client, music, and music therapy that is most important. Therapists' empathy and awareness of feelings gives them clearer insight, and allows them to go into deeper stages of the relationship between therapist and client. Openness and being fully present are essential aspects of the experience (Cooper, 2010). Spiritual moments can occur through any type of musical style or element; these are utilized differently moment by moment, client by client, session by session, and the outcome is not predictable. This may be why some participants described spiritual moments during therapy sessions as a gift. This finding is different from the findings of Lowis (1998), which showed that certain types of musical elements facilitate transpersonal experiences. The results of the current study suggest that being in the moment with the client, and being in the creative now are key elements of both Nordoff-Robbins Music Therapy and of spiritual experiences during clinical work. Participants reported that the therapist's job is to learn how to help people access and trust the music and enter the creative now. This finding relates to Marom's (2004) reflection of the role of the therapist as supporting the clients in a spiritual experience. Some participants reported that NR training helped them to be more flexible in using music, in using music more effectively, and in the moment.

In Nordoff-Robbins music therapy, all music is improvisational or creative. Improvisation is the master key for creativity, and the creative process is a spiritual path for exploring the deep self (Nachmanovitch, 1990). Even when pre-composed songs or music are used, the flow of the session is very spontaneous and improvisational. NRMTs choose the songs or music, musical elements, and musical styles using moment-by-moment assessment, and participants agreed that this openness lays the groundwork for spiritual moments. They also emphasized that the therapists' attitudes affect how

frequently they have spiritual moments: they must be open to possibilities, hold spiritual values (i.e., be loving, grateful, and serving), and be in the moment. These attitudes are emphasized in NRMT training.

Most participants acknowledged the peak experience as a spiritual experience. Because peak experience is one of the main goals for a client's therapeutic growth in Nordoff-Robbins music therapy, it appears that spiritual experiences are most likely inevitable consequences of working in this approach.

The participants noted various feelings during spiritual moments: satisfaction, joy, love, losing a sense of time and place, unity, gratitude, beyond limitations, openness, connectedness, and being transported. This is where definitions of spirituality come into play: without a concept of spirituality, these feelings have no spiritual context. Hence a therapist's awareness and understanding of spirituality, and the values inherent in his or her view of spirituality, will influence whether or not the therapist perceives experiences during clinical sessions as spiritual.

Limitations

The spiritual experience is very personal, and definitions of spirituality vary depending on therapists' perspectives and personal and professional experiences. Phenomenological inquiry was a helpful approach for discussing participants' thoughts and reflections toward their spiritual experiences as NRMTs. However, there were some limitations encountered in exploring their experiences. The topic is broad, so it was hard to go deeply into any specific aspect of it. Also, due to the researcher's inexperience with the interview process and language limitations (I speak English as a second language), there were a few topics that were not as thoroughly discussed as possible. Even though

important themes emerged from the data analysis, there were some topics that deserve further exploration: the relationship between peak experience and spiritual experience, how NR training influences spiritual experiences, and deeper examination of cases of spiritual experiences during session.

Of the five participants, three had a Jewish background and one had a Catholic and Eastern cultural background. There was no chance to discuss how cultural influences may have affected their spiritual experiences in Nordoff-Robbins music therapy. Further research could include a range of age, gender, and cultural backgrounds (including religious background) amongst the participants. It would be interesting to examine the spiritual aspects of NR training and to examine the relationship between improvisation as a creative medium and spirituality.

Conclusions

This study has been an exploration of Nordoff-Robbins music therapists' spiritual experiences. It revealed that there is great potential for spiritual experiences in Nordoff-Robbins music therapy, because the approach emphasizes peak experience as the therapeutic goal, music as an activator of the music child, and improvisation as a tool for being in the moment. The study revealed the importance of the therapist's role in helping clients achieve spiritual experiences. Specific aspects of having a spiritual attitude included being in the moment, opening up possibilities through being in the "creative now", and having an awareness and understanding that spirituality can be accessed in and through music.

References

- Aigen, K. (1996). *Being in music: Foundations of Nordoff-Robbins music therapy*. Nordoff-Robbins Music Therapy Monograph Series #1. St. Louis, MO: MMB Music.
- Aigen, K. (2005). *Music-centered music therapy*. Gilsum NH: Barcelona Publishers.
- Aldridge, D. (2003). Music therapy and spirituality: A transcendental understanding of suffering [Electronic version]. *Music Therapy Today*, Retrieved from <http://www.musictherapyworld.de/modules/mmmagazine/showarticle.php?articleid=45>.
- Arnason, C. (2005). Reflections on spiritual dimensions in improvisational music therapy [Electronic version]. *International Journal of Community Music*, 2(1). Retrieved from <http://intlajcm.com/articles/arnason.html>.
- Babani, A. (2009). *Exploring peak experiences as elicited by music: A qualitative study*. Retrieved from ProQuest Doctoral Dissertations and Thesis, UMI No.3381473 <http://udini.proquest.com/view/exploring-peak-experiences-as-pqid:1885142031>.
- Borman, P. & Dixon, D. (1998). Spirituality and the 12 steps of substance abuse recovery. *Journal of Psychology and Theology*, 26, 3, 287-291.
- Bruscia, K. (1987). *Improvisational models of music therapy*. Springfield, IL: Charles C Thomas.
- Bruscia, K. (1998). *Defining music therapy* (2nd ed.). Gilsum NH: Barcelona Publishers.
- Cooper, M. (2010). Clinical-musical responses of Nordoff-Robbins music therapists: The

- process of clinical improvisation. In S. Hadley (Ed. series), *Qualitative Inquiries in Music Therapy: A Monograph Series*, 5 (pp. 86-115). Gilsum NH: Barcelona Publishers.
- Fisher, J. (2011). The four domains model: Connecting spirituality, health and well-being. *Religions*, 2, 17-28. doi: 10.3390/rel2010017.
- Forinash, M. (1992). A phenomenological analysis of Nordoff-Robbins' approach to music therapy: The lived experience of clinical improvisation. *Music Therapy*, 11, 120-141.
- Forinash, M. & Grocke, D. (1995). Phenomenological research. In B. Wheeler (Ed.), *Music therapy research: Quantitative and qualitative perspectives* (pp. 367-388). Gilsum, NH: Barcelona Publishers.
- Hill, P. C., Paragament, K. I., Hood, R.W., McCullough, J. P., Swyers, D. B., Larson, D.B., & Zinnbauer, B. J. (2000). Conceptualizing religion and spirituality: Points of commonality, points of departure. *Journal for the Theory of Social Behaviour*, 30, 51-77.
- Kim, D. (2010). Towards musical individuation: Korean female music therapists' experiences in the Nordoff-Robbins music therapy certification training. *The Arts in Psychotherapy*, 37, 353-362.
- Lincoln, Y.S., & Guba, E.G. (1985). *Naturalistic inquiry*. Beverly Hills, CA: Sage Publications.
- Lipe, A. (2002). Beyond therapy: Music, spirituality, and health in human experience: A review of literature. *Journal of Music Therapy*, 39, 209-240.
- Low, M. (2012). *Peak experiences in music therapy*. (Arts and Sciences Thesis and

- Dissertations, 2012).
- Lowis, M. (1998). Music and peak experiences: An empirical study. *Mankind Quarterly*, 39(2), 203-224.
- Magill, L. (2005). Music therapy: Enhancing spirituality at the end of life, In Dileo, C. & Loewy, J. (Ed.). *Music therapy at the end of life* (pp. 3-17). Cherry Hill NJ: Jeffrey Books.
- Marom, M. (2004). Spiritual moments in music therapy: A qualitative study of the music therapist's experience, In B. Abrams (Ed. series), *Qualitative inquiries in music therapy: A monograph series 1* (pp. 37-76). Gilsum NH: Barcelona Publishers.
- Maslow, A. (1962). Lessons from peak experiences. *Journal of Humanistic Psychology*, 2, 9-18.
- Maslow, A. (1970). *Religion, values and peak experiences*. New York, NY: Penguin Books.
- Maslow, A. (1971). *Farther reaches of human nature*. New York, NY: Viking Press.
- Matsunobu, K. (2011). Spirituality as a universal experience of music: A case study of North Americans' approaches to Japanese music. *Journal of Research in Music Education*, Vol. 59, Issue 3, 273-289.
- Murphy, K. (2007). Experiential learning in music therapy: Faculty and student perspectives. In Meadows, A. (Ed.), *Qualitative inquiries in music therapy: A monograph series*. (3, 1559-7326).
- Nachmanovitch S. (1990). *Free play: Improvisation in life and art*. New York, NY: Penguin Putman.
- Narayanasamy, A (1999). A review of spirituality as applied to nursing. *International*

- Journal of Nursing Studies*, 36, 117-125.
- Nordoff, P. & Robbins, C. (2007). *Creative music therapy: A guide to fostering clinical musicianship* (2nd ed.). Gilsum, NH: Barcelona Publishers.
- Reed, P. (1987). Spirituality and well-being in terminally ill hospitalized adults. *Research in Nursing and Health*, 10, 5, 335-344.
- Robbins, C. (2005). A journey into creative music therapy, *The Nordoff-Robbins music therapy monograph series 3*, Saint Louis, MO: MMB Music, Inc.
- Robbins, C. & Robbins, C. (1993b). The creative processes are universal, In M. Heal & T. Wigram (Ed.), *Music therapy in health and education*. Philadelphia, PA: Jessica Kingsley Publications.
- Robbins, C. & Robbins, C. (1998). *Healing heritage: Paul Nordoff exploring the tonal language of music*. Gilsum, New Hampshire: Barcelona Publishers.
- Saimon, D. (2001). Music therapy as psychospiritual process in palliative care. *Journal of Palliative Care*, 17, 3, pp. 142-146. Retrieved from ProQuest Central.
- Scheurich, N. (2003). Reconsidering spirituality and medicine. *Academic Medicine*, 78(4), p. 357.
- Schwartz, E. (2008). *Music, therapy, and early childhood*. Gilsum NH: Barcelona Publisher.
- Schwartz, F. J. (2000). Music and sound effect on perinatal brain development and the premature baby, In Loewy, J. V. (Ed.). *Music therapy in the neonatal intensive care units* (pp. 9-15). New York, NY: Satchnote Press.
- Sutton, B. (2007). *The role of the music therapist's spirituality in therapy*. (Health

Sciences Theses and Dissertations, 2007). Retrieved from

<http://hdl.handle.net/1860/2886>.

Taylor, K. (1995). *The ethics of caring: Honoring the web of life in our professional healing relationships*. Santa Cruz, CA: Hanford Mead Publishers.

Walton, S. P. (2007). Aesthetic and spiritual correlations in Javanese gamelan music. *The Journal of Aesthetics and Art Criticism*, 65 (1), 31-41.

Wheeler, B. L. & Kenny, C. (2005). Principles of qualitative research. In Wheeler, B. L. (Ed.). *Music therapy research* (2nd ed.) (pp. 509-71). Gilsum, NH: Barcelona.

Wlodarczyk, N. (2007). The effect of music therapy on the spirituality of persons in an in-patient hospice unit as measured by self-report. *Journal of Music Therapy*, XLIV (2), 113-122.



1000 Hempstead Ave., PO Box 5002, Rockville Centre, NY 11571-5002
www.molloy.edu

Appendix A

Informed Consent for Participant

Title of Study: Exploring Spiritual Experiences of Nordoff-Robbins Music Therapists

Student Researcher:

Hyun Jin Hong, MA
Master's Degree Student, Molloy College
1000 Hempstead Avenue
Rockville Centre, NY 11571
(917) 836-7776
ghdguswls@Hotmail.com

Advisor:

Claire M. Ghetti, PhD, LCAT, MT-BE, CCLS
Adjunct Professor, Music Therapy
Molloy College Rockville Centre, NY 11580
(914)-294-6251
cghetti@molloy.edu

Thesis Committee Member:

Rick Soshensky, MA, MT-BC, LCAT, NRMT, CBIS
Founder/Director of Essential Arts Creative Arts Therapy Programs
ricsoshin@aol.com

You have been invited to participate in a study to explore spiritual experiences of Nordoff-Robbins music therapists. This study will be conducted by Hyun Jin Hong, a graduate student of music therapy at Molloy College, as part of her degree and thesis requirements.

This study may help you fully explore experiences of spirituality in your clinical practice. Participation in this study will not result in any compensation for you and you may not necessarily benefit from it. No known risks to you exist in this study, other than those pertaining to your normal daily routine.

Criteria eligibility to participate in this study includes:

- 1) Must be Board-Certified (MT-BC) by the Certification Board for Music Therapists
- 2) Must have acquired certification in the Nordoff-Robbins approach of music therapy practice
- 3) Must have had minimum of five years professional experience
- 4) Be currently working in or around New York City
- 5) Have experienced at least one spiritual moment in their clinical works
- 6) Be able to communicate verbally in English
- 7) Be willing to share experiences openly
- 8) Can be accessible and willing to take thirty to forty minutes either for a phone interview or for a person-to-person interview
- 9) Be willing to partake in a ten minute follow up interview if the researcher needs further information
- 10) Be willing to review the interview transcripts for accuracy.

If you decide you wish to participate in this study, Hyun Jin will need your consent to audio record your interview sessions. The recordings will not be shared outside of the research project.

Your interview session will last about 30-40 minutes, and will be held in a location convenient to you. If I have additional questions, I may need a brief follow-up interview at your convenience, not lasting more than 10 minutes. Your participation is entirely voluntary. You may decide during the study that you would like to stop participating in the study, at which time you may withdraw without any negative consequences.

The interview session will be audio-recorded and all data will be published in anonymous form. Only the researcher and the faculty advisors will have access to the data. All digital recordings made during the interviews will be locked in a secure place when not being utilized. For privacy protection, your name is withheld and limited personal information will be discussed in the content of the thesis paper.

After I have transcribed the interview, the transcript will be sent to you and you will be asked to confirm or change the content of the interview for accuracy. This process should take approximately 15 to 30 minutes of your time. There is no physical danger inherent in this study.

Any questions you may have are welcome. You may phone Hyun Jin at (917) 836-7776, or e-mail her at ghdguswls@hotmail.com for more information or regarding any problems that may arise for you during the study. You may also contact my thesis advisor, Dr. Claire Ghetti at (914) 294-6251, or at cghetti@molloy.edu. For questions about your rights as a participant, you may contact the Institutional Review Board, Molloy College, 1000 Hempstead Ave., Rockville Centre, NY 11371, (516) 678-5000. A

signed copy of this consent form will be given to you for your records. Thank you for your participation.

Signing this form indicates agreement to the following:

An explanation of the procedures to be employed in this study, in which I have voluntarily agreed to participate, has been offered to me. All my inquiries concerning the study have been answered to my satisfaction. I understand that the information collected will be held in confidence, and that my name will not in any way be identified. I understand that additional information about the study results will be provided at its conclusion upon my request. I know that I am free to withdraw from this study without negative consequence at any time. I understand I will receive a signed copy of this form.

Name _____ Date _____

Signature _____



1000 Hempstead Ave., PO Box 5002, Rockville Centre, NY 11571-5002
www.molloy.edu

Appendix B

Consent Form

An explanation of the procedures to be employed in this study, in which I have voluntarily agreed to participate, has been offered to me. All my inquiries concerning the study have been answered to my satisfaction. I understand that the information collected will be held in confidence, and that my name will not in any way be identified. I understand that additional information about the study results will be provided, at its conclusion, upon my request. I know that I am free to withdraw from this study without penalty at any time.

The above information has been provided to me (check one)

_____ In writing _____ Orally

Signature of subject

Date

Signature of researcher

Date

Complete the following if you wish to receive a copy of the results of this study:

NAME: _____
(Typed or printed)

ADDRESS:

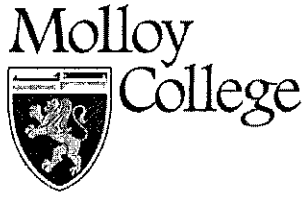
(Street)

(City)

(State)

(Zip)

Email (optional) _____



1000 Hempstead Ave., PO Box 5002, Rockville Centre, NY 11571-5002
www.molloy.edu

Appendix C

Permission to Audio-record

Title of Study: Exploring Spiritual Experiences of Nordoff-Robbins Music Therapists

Student Researcher:

Hyun Jin Hong
Master's Degree Student, Molloy College
1000 Hempstead Avenue
Rockville Centre, NY 11571
(917) 836-7776
ghdguswls@hotmail.com

Advisor:

Claire M. Gheti, PhD, LCAT, MT-BE, CCLS
Adjunct Professor, Music Therapy
Molloy College Rockville Centre, NY 11580
(914)-294-6251
cghetti@molloy.edu

Thesis Committee Member:

Rick Soshensky, MA, MT-BC, LCAT, NRMT, CBIS
Founder/Director of Essential Arts Creative Arts Therapy Programs
ricsoshin@aol.com

Project Title: Exploring spiritual experiences of Nordoff-Robbins Music Therapists

Participant _____

Date _____

I grant Hyun Jin Hong permission to audio-record my interview. This audio-recording will be used only for research purposes. I have already provided written consent for my participation in this research project. At no time will my name be used.

When Will I be Audio-recorded?

I agree to be audio-recorded during the interview session (about 30-40 minutes). Both events will occur when the researcher schedules them with me at my convenience between January 1, 2013 and April 30, 2013.

How Long Will the Recordings Be Used?

I give my permission for the recordings to be used from January 1, 2013 until July 31, 2013. All recordings will be destroyed six months after the study is over.

What If I Change My Mind?

I understand that I can withdraw my permission at any time. Upon my request, the audio-recordings will no longer be used.

Other

I understand that I will not be paid for being audio-recorded or for the use of the audio-recordings.

For Further Information:

If I want more information about the audio-recordings, or if I have questions or concerns at any time, I can contact the investigators at the numbers in this consent letter.

I understand that my signature below indicates my voluntary consent to be audio-recorded. I understand that I will be given a copy of this signed form.

Name _____

Address _____

Telephone number _____

Signature _____

Date _____

Witness _____

Date _____